| _   | • •                                       |   | _ <u>B</u>                       | EST A                        | AVA        | ILABLE           | : <u>C</u>   | 'OPI              | <i>•</i>                      |       |                     |                        |  |
|---|---|---|----------------------------------|------------------------------|------------|------------------|--------------|-------------------|-------------------------------|-------|---------------------|------------------------|--|
| :   | PATENT APPLICATION FEE DETERMINATION RECO |   |                                  |                              |            |                  |              |                   | At Jication or Docket Shumber |       |                     |                        |  |
|   | · ·                                       |   | SMALL E                          | NTITY                        | <u> </u>   | OTHE             | RTHAN        |                   |                               |       |                     |                        |  |
| Ţ   | OTAL CLAIM                                | S   | (Cotumn 1) (Cotumn 2)            |                              |            |                  |              | TYPE (            |                               | OR    | SMALL               | ENTITY                 |  |
| FOR   |   |   | NUMBER                           | en en                        |            | NUMBER EXTRA     |              | RATE<br>BASIC FE  | FEE                           | 4     | RATE                | FEE                    |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | -                                |                              |            |                  |              | OASIC FEE         |                               |       | BASIC FEE           | 7/0                    |  |
| INDEPENDENT CLAIMS  |   |   | 1                                | inus 20=                     | 9          |                  |              | X\$ 9=            |                               | OR    | XS18=               | 162                    |  |
| MULTIPLE DEPENDENT CLAIM P  |   |   | A minus 3 =                      |                              |            | L×               |              | X40=              |                               | OR    | X80=                |                        |  |
| <b>—</b>  |   |   |                                  |                              |            |                  |              | +135=             |                               | OR    | +270=               |                        |  |
|   |   |   |                                  | less than zero, enter "0" in |            |                  | •            | TOTAL             |                               | OR    | TOTAL               | 872                    |  |
|   | (   | CLAIMS AS                                 | •                                |                              |            | OTHER            | THAN         |                   |                               |       |                     |                        |  |
|   | A   | (Column 1) (Column 1) (Column 1)          |                                  |                              | (Cotumn 3) |                  | SMALL        | ENTITY            | OR                            | SMALL |                     |                        |  |
| <b>AMENDMENT A</b>  | ij.                                       | REMAINING<br>AFTER<br>AMENOMENT           |                                  | PREVIO                       | BER        | PRESENT<br>EXTRA |              | RATE              | ADDI-<br>TIONAL<br>FEE        |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                                     | 1.34                                      | Minus                            | 1.20                         | )          | .4               |              | X\$ 9=            |                               | OR    | X\$18=              |                        |  |
|   | Independent                               | <u>ト ス</u>                                | Minus                            | V                            |            | 5                |              | X40≈              |                               |       | X80=                |                        |  |
| -   | FIND I PHESE                              | NIAHON OF M                               | LTIPLE DEPENDENT CLAIM           |                              |            |                  | ' <b> </b> - |                   |                               | OR    |                     |                        |  |
|   | •   |   |                                  |                              |            |                  | L            | +135=             |                               | OR    | +270=               |                        |  |
| 7-11-05 (Column 1) (Column 2) (Column 3)  |   |   |                                  |                              |            |                  | AE           | DIT. FEE          |                               | OR ,  | TOTAL<br>ADDIT, FEE |                        |  |
| 0   | :   | CLAIMS                                    | 9003 F 136                       | HIGHE                        |            | (Column 3)       |              | · ·               |                               |       |                     |                        |  |
| AMENDMENT (   |   | REMAINING<br>AFTER<br>AMENOMENT           |                                  | NUMB<br>PREVIO<br>PAIO F     | USLY       | PRESENT<br>EXTRA |              | RATE              | ADDI-<br>TIONAL<br>FEE        |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Ž   | Total .                                   | ·23_                                      | Minus                            | 24                           | 7          | - <b>λ</b>       | Γ            | X5 9=             |                               | OR    | X\$18=              | - 155                  |  |
| AME   | Independent                               | · o                                       | Minus                            | ~3                           |            |                  | +            | X40=              |                               |       | X80=                |                        |  |
| _   | , mai Fricae                              | NTATION OF ML                             | LIPLE DEP                        | ENDENT                       | CLAIM      |                  | 1            |                   |                               | OR    |                     |                        |  |
|   | •   |   |                                  |                              |            |                  | Ľ            | +135=             |                               | OR    | +270±               |                        |  |
|   |   |   |                                  |                              |            |                  | AD           | TOTAL<br>OIT. FEE |                               | OR ,  | TOTAL<br>NOOIT, FEE |                        |  |
|   | T <b>iss</b> to a Connect                 | (Column 1)                                | er with hor                      | (Colum                       |            | (Column 3)       | _            |                   |                               |       |                     |                        |  |
| 2 ,   | Salve .                                   | remaining<br>After<br>Amendment           | 20 m                             | NUMB<br>PREVIOU<br>PAID F    | ER<br>USLY | PRESENT<br>EXTRA |              | RATE              | ADDI-<br>TIONAL               |       | RATE                | ADDI-<br>TIONAL        |  |
|   | Total                                     | •   | Minus                            |                              |            |                  | <b> </b>     | X5 9=             | FEE                           |       | Vesa                | FEE                    |  |
| L   | Independent                               | •   | Minus                            | ***                          |            | 2                | -            |                   |                               | OR    | X\$18=              |                        |  |
| 7   | FIRST PRESE                               | NTATION OF MU                             | LTIPLE DEP                       | ENDENT                       | CLAIM      |                  | 1            | X40=              |                               | OR    | X80=                |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                                  |                              |            |                  |              |                   |                               |       |                     |                        |  |
|   | the Highest Nu                            | nder Previously Pa<br>Tiber Previously Pa | id For in this<br>id for in this | SPACE is                     | less than  | 20, enter "20."  | ADI          | TOTAL<br>DIT. FEE |                               | OR ,  | TOTAL<br>DOIT, FEE  |                        |  |
| Ţ   | he Trighest Num                           | ber Previously Pak                        | For (Total or                    | Independer                   | 4) is the  | highest number   | found        | in the ann        | moniste bov                   | in mb |                     |                        |  |